

FARMERS' MARKET NUTRITION PROGRAM (FMNP) APPLICATION FOR FARMSTANDS

INSTRUCTIONS

- Farmstand operators who wish to accept WIC and Senior FMNP checks at a farmstand site must complete this form.
- If the farmstand has been approved in the past, some of the previously provided information is preprinted on the form. If any preprinted information is incorrect, please correct it. Complete any areas that do not have preprinted information.
- All requested information must be provided. The review process will be delayed if all of the information is not provided.
- If additional space is needed to provide the requested information, an additional sheet of paper may be attached.
- The completed form should be mailed to Division of Public Health, Farmers' Market Nutrition Program, PO Box 2659, Madison, Wisconsin 53701-2659.
- After the application has been reviewed, the applicant will be notified if WIC and Senior FMNP checks may be accepted at the farmstand site.

SECTION 1 – Vendor Information

Name of Applicant	Telephone Number of Applicant (Include Area Code)
Street Address of Applicant	City, State, Zip Code

SECTION 2 - Farmstand Information

Name of Farmstand/Business	Location Information (For example, Capitol Square Park)	
Street Address of Farmstand	City, State (Must be WI)	County

Type of Produce Sold

The WIC FMNP requires a trained seller to be present. Will a FMNP trained seller be present during open hours?

☐ Yes ☐ No

Is produce not grown in Wisconsin available at the site?

☐ Yes ☐ No

If yes, since the FMNP allows Wisconsin grown produce and, in limited areas, produce grown within 50 miles of Wisconsin to be purchased with FMNP checks, will there be enough produce sold to justify approving your stand to accept FMNP checks?

☐ Yes ☐ No

Dates Open When FMNP Produce is Available (Example: "August 1 through October 31." Provide specific dates.)

Farmstand Hours (Example: 1:00 p.m. – 5:00 p.m.)

Sunday _____ Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____

Saturday _____

I, the undersigned, do certify that the information contained herein is accurate and complete:

SIGNATURE – Applicant

Date Signed

FOR OFFICE USE ONLY

☐ Yes ☐ No WIC FMNP Approved Vendor ID Number _____

☐ Yes ☐ No Senior FMNP Approved Date of Farmstand Approval _____